

## APPLICATION FOR EMPLOYMENT

Communications Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:			
Name		Γ	Date
Last	First	Middle	
Address			
	Street City		Zip Code
Position Sought		Full Time	Part Time
Date Available	Salary Des	ired Ph	none #
Email Address			
Social Security Num	ber		
Are you over 18 yea	rs old? Yes I	No	
Are you legally eligi (If offered employment eligibility.)			
EDUCATION: Plea qualifies you for the High School: No. of	position you are se	eeking.	·
Diploma: Yes			•
School(s)		City/State	

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4				
School(s)	City/State			
Major	Degrees Earned			
Other Training or Do	egrees:			
School(s)	City/State			
Course	Degree or Certificate Earned			
PROFESSIONAL LI	ICENSE OR MEMBERSHIP:			
Type of License(s) He	eld			
State of [State Name]	License Number			
License Expiration Da				
Other Professional Me	emberships			
reveal information reg	e membership in professional organizations that may arding race, color, creed, sex, religion, national origin, by, marital status, veteran status or any other protected			
	ation for employment is good for 30 days only. Employment after 30 days requires a new application.			

SKILLS: Office: Typing wpm.
Office. Typing wpin.
Microsoft Word Excel Power Point
Other Software Skills
RECORD OF CONVICTION:
During the last ten years, have you ever been convicted of a crime other than minor traffic offense?  Yes No
If yes, explain:
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).
EMPLOYMENT: List last employer first, including U.S. Military Service.
May we contact your present employer? Yes No
If any employment was under a different name, indicate name
Employer Address
Telephone Position
Dates of Employment: From To Mo/Yr Mo/Yr
Salary Supervisor Department
Duties FT PT No. of Hrs

Reason for Leaving	
Employer	_ Address
Telephone Posit	tion
Dates of Employment: FromMo/Yr	To Mo/Yr
Salary Supervisor	
Department	
Duties	FT PT No. of Hrs
Reason for Leaving	
Employer	Address
Telephone Posit	tion
Dates of Employment: FromMo/Yr	To Mo/Yr
Salary Supervisor	
Department	
Duties	FT PT No. of Hrs
Reason for Leaving	
Employer	Address
Telephone Posit	tion
Dates of Employment: FromMo/Yr	_ To Mo/Yr

Salary	Supervisor		
Department _			
Duties		FT PT No. of Hrs	s
Reason for Le	eaving		
	describe additional wor each position on a se	ork experience, attach the above eparate piece of paper.	
Explain any g	aps in work history:		
If yes, explain	1:	sked to resign from a job?Yes!	
REFERENC	ES:		
	Professional	Personal	
		Name	-
Address		Address	
		Phone ()	
Email		Email	
Name		Name	-
Address		Address	
Email		Email	-
Phone (	)	Phone ()	_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Communications Associates to verify their accuracy and to obtain reference information on my work performance. I hereby release Communications Associates from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant	Date:	
orginature or reprincult	. Date	